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Fall PRANSMITAL Filing Date August 25, 2006 FOR FY 2009 First Named Inventor Yasunori MINAKAWA  Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1641  TOTAL AMOUNT OF PAYMENT (\$) 1,110.06 Attorney Docket No. 0760-0357PUS1  METHOD OF PAYMENT (bheck all that apply)  Check Credit Card Money Order None Other (please identify):
Filing Date August 25, 2006  FOR FY 2009 First Named Inventor Yasunori MINAKAWA  Examiner Name Galina Yakovlevs  Ant Unit 1641  TOTAL AMOUNT OF PAYMENT (\$) 1,110.00 Attorney Docket No. 0760-0957PUS1  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 1.110.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):
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Check Credit Card Money Order None Other (please identify):
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, U.F.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
Charge fee(s) Indicated below Charge fee(s) Indicated below, except for the filing fe
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.15 and 1.17  WARNING: Information on this form may become public, Credit card information should not be included on this form. Provide credit card
Information and authorization on PTO-2038.
FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity
Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$)
Utility 330 165 540 270 220 110
Design 220 110 100 50 140 70
Plant 220 110 330 165 170 85
Reissue 330 165 540 270 650 325
Provisional 220 110 0 0 0 0
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)
Each claim over 20 (including Reissues) 52 26
Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195
Multiple dependent claims 390 195  Total Claims Extra Claims Fee (5) Fee Paid (5) Multiple Dependent Claims
13 - 20 or HP = 0 x = 0.00 Fee (\$) Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  1 - 3 or HP = 0 x = 0.00
FIP ≈ highest number of independent claims paid for, it greater than 3.
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (  - 100 = 0 / 50 = 0 (round up to a whole number) x = 0.00
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid
Other (e.g., late Ming surpliange): Petition for Extension of Time Fee (three months) 1,110.0
SUBMITTED BY
Signature 부모 수 부모 Registration No. 28977 Telephone 703-205-8000 (Attorney/Agent)
Name (Print/Type) Serald M. Murphy, Jr. Date April 4, 2011

This collection of illiformation is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, violuting gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES GR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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